

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025188

6438

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUL 6 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

### a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

### c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

**6322 Bancroft Ave.**

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

### a. STATE

**Mo.**

### b. COUNTY

### c. CITY OR TOWN

**St. Louis**

Inside Limits

Yes ☐ No ☐

### d. STREET ADDRESS

(If outside, give location)

**6322 Bancroft Ave.**

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

**SANFORD**

Middle

**W.**

Last

**SHORE**

## 4. DATE OF DEATH

Month

**June**

Day

**28**

Year

**1962**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**1-31-1885**

## 9. AGE (last birthday)

**77**

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Salesman (Retired) Prudential Ins. Co.**

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

**Indiana**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Unknown Shore**

## 13b. MOTHER'S MAIDEN NAME

**Sarah Unknown**

## 14. NAME OF HUSBAND OR WIFE

**Dorothy A. Shore**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

**No**

**None**

## 16. INFORMANT

**Dorothy A. Shore 6322 Bancroft Ave.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Congestive heart failure**

#### INTERVAL BETWEEN ONSET AND DEATH

**2 years**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

**Arteriosclerotic heart disease**

**2 years**

#### DUE TO (c)

**Generalized arteriosclerosis**

**5 years**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**420.0**

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from **Nov. 1960**

to **27 June 1962** and last saw him alive on **27 June 1962**

Death occurred at **6:30 A.**

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Joseph B. Coe MD**

## 22b. ADDRESS

**3915 Watson Rd.**

## 22c. DATE SIGNED

**20 June 62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**June 30, 1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Mt. Hope Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

## 24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

## 25. DATE RECD. BY LOCAL REG.

**JUN 29 1962**

## 26. REGISTRAR'S SIGNATURE

**Loant Smith, M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.